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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3738
Examiner Bruce Edward Snow

Firm: U.S. Patent & Trademark Office**Fax No.:** 571-273-8300

Subject: U.S. Patent Application No. 09/921,844
Gary K. Michelson
Filed: August 3, 2001
SPINAL IMPLANT SURFACE CONFIGURATION
Attorney Docket No. 101.0084-01000
Customer No. 22882
Confirmation No.: 8295

FROM:**Name:** Amedeo F. Ferraro, Esq.**Phone No.:** 310-286-9800**No. of Pages (including this):** 18**Date:** September 11, 2008**Confirmation Copy to Follow:** NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on September 11, 2008.


Miyabi Grace Forker

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FORM PTO-1083

Attorney Docket No.: 101.0084-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 09/921,844

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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated June 12, 2008 in the above-identified application.

- ☒ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
- ☐ A Terminal Disclaimer is enclosed.
- ☐ An Information Disclosure Statement Under 37 C.F.R. § 1.97(____) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	95	-	127	**	0	LG=\$50 SM=\$25 \$50 \$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$200 SM=\$100 \$200 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ The total amount of \$***.00 to cover the ***-month extension fee is to be charged to Deposit Account No. 50-_____.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: September 11, 2008

By: 

Amideo F. Ferraro

Registration No. 37,129

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Transmittal of Amendment 9-11-08

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Respectfully submitted,

MARTIN & FERRARO, LLP

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Registration No. 37,129

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Sir:

AMENDMENT

In reply to the Office Action dated June 12, 2008, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.

Amendment 9-11-08